



**BUSINESS LICENSE COMMISSION**  
**COUNTY OF LOS ANGELES**  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691



January 7, 2011

Kathryn Polson/Prince Jones  
L.A. Fitness  
P.O. Box 52110  
Irvine, CA 92619-2110

MEMBERS  
**STEVEN AFRIAT**  
*PRESIDENT*  
**RENÉE CAMPBELL**  
*VICE-PRESIDENT*  
**DIANA WOOD**  
*SECRETARY*  
**JAMES BARGER**  
*COMMISSIONER*  
**SARA VASQUEZ**  
*COMMISSIONER*

**HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC**  
**GENERAL BUSINESS LICENSE ID #135798**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, January 12, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

**RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Twila P. Kerr  
Commission Staff



**BUSINESS LICENSE COMMISSION**  
**COUNTY OF LOS ANGELES**  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691



November 2, 2010

Kathryn Polson/Prince Jones  
L.A. Fitness  
P.O. Box 52110  
Irvine, CA 92619-2110

MEMBERS  
**STEVEN AFRIAT**  
*PRESIDENT*  
**RENÉE CAMPBELL**  
*VICE-PRESIDENT*  
**DIANA WOOD**  
*SECRETARY*  
**JAMES BARGER**  
*COMMISSIONER*  
**SARA VASQUEZ**  
*COMMISSIONER*

**HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC**  
**GENERAL BUSINESS LICENSE ID #135798**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 10, 2010 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

**RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Twila P. Kerr  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....NEWHALL SIGNAL**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....10/14/2010**  
**2<sup>ND</sup> PUBLISHING DATE:.....10/21/2010**  
**3<sup>RD</sup> PUBLISHING DATE:.....10/28/2010**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**HEALTH SPA/CLUB/SC**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....26455 GOLDEN VALLEY RD**  
**SANTA CLARITA, CA 91350**  
**NAME OF APPLICANT:.....LA FITNESS INTERNATIONAL / KATHRYN**  
**POLSON**  
**L.A. FITNESS**  
**DATE OF HEARING:..... 11/10/2010**  
**TIME OF HEARING:.....09:00 A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO”**

**OFFICE OF THE COMMISSION:**

OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM. 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 254-8268**

OWNER OF BUSINESS: **LA FITNESS INTERNATIONAL**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **L.A. FITNESS**

MAILING ADDRESS: **P.O. BOX 52110, IRVINE, CA 92619-2110**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	06/11/10	
<input checked="" type="checkbox"/> 3. Building & Safety	YES	02/20/09	
<input checked="" type="checkbox"/> 4. Fire Department	YES	03/13/09	
<input checked="" type="checkbox"/> 5. Public Health	YES	09/24/10	
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	08/03/09	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	02/20/09	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/14/10	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/16/10	

Conditions:



**TREASURER AND TAX COLLECTOR  
APPLICATION FOR BUSINESS LICENSE**

FEE \$ \_\_\_\_\_

I.D.# 135798

TYPE OF BUSINESS Health Club Spa-8436

ADDRESS OF BUSINESS 26455 Golden Valley Road

Santa Clarita, CA, 91350 BUS. PHONE# (661) 254-8268

"DBA" LA Fitness.

APPLICANT(S) FULL NAME LA Fitness International LLC / Osbardo Villa

HOME ADDRESS 2600 Midillon Dr. Suite 300. Irvine, CA, 92612

MAILING ADDRESS P.O. Box 52110, Irvine, CA, 92619-2110

HOME PHONE # (949) 255-8199 SS# \_\_\_\_\_

ST. BD. OF EQUAL.# \_\_\_\_\_ PLACE OF BIRTH Los Angeles

DATE OF BIRTH \_\_\_\_\_ DRIVER'S LIC.# \_\_\_\_\_ EXP. DT. \_\_\_\_\_

SEX M HT 5'8" WT 245 EYES Brown HAIR Brown

**"CORPORATION STATUS"**

EXACT CORPORATE NAME LA Fitness International LLC.

DATE OF INCORPORATION 9/29/1997 INCORPORATED IN STATE OF CA

<u>NAMES OF OFFICERS</u>	<u>ADDRESSES</u>	<u>TITLES</u>
<u>Attached Doc.</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

DATE 02/18/2009 APPLICANT'S SIGNATURE [Signature]

APPLICATION TAKEN BY: NO DATE 2-18-09



The Officers of L A Fitness International LLC are as follows:

<u>Officer</u>	<u>Address</u>	<u>Phone</u>
Louis Welch President, CEO	2600 Michelson Suite #300 Irvine, CA 92612	(800)-600-2540
Kathryn Polson CFO	2600 Michelson Suite #300 Irvine, CA 92612	(800)-600-2540
Stan Yasuda SeniorVP Treasurer and Secretary	2600 Michelson Suite #300 Irvine, CA 92612	(800)-600-2540
Jill Gruelling Executive VP Operations	2600 Michelson Suite #300 Irvine, CA 92612	(800)-600-2540

The mailing address for L A Fitness International LLC is:

PO Box 52110  
Irvine CA 92619-2110

# ZONING REFERRAL

I.D. #:

135798

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 302  
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355

DATE: 2-18-09

TYPE OF BUSINESS(ES) Health Club / SPA

ADDRESS OF BUSINESS 26455 Golden Valley Road

CITY Santa Clarita, ZIP CODE 91350

NAME OF OWNER LA Fitness International LLC

"DBA" LA Fitness TEL. #: 661-254-8218

MAILING ADDRESS P.O. Box 52110, Irvine, CA, 92619-2110

EXISTING USE YES ( ☒ ) NO ( )

USE PERMITTED IN ZONE approved USE NOT PERMITTED IN ZONE  
"APPROVED" "DENIED"

REMARKS

ADM 04-174

  
SIGNATURE OF ZONING OFFICER

18 Feb 2009  
DATE

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

FEB 25 AM 11:17

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 254-8268**

OWNER OF BUSINESS: **LA FITNESS INTERNATIONAL**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **L.A. FITNESS**

MAILING ADDRESS: **P.O. BOX 52110, IRVINE, CA 92619-2110**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

---

**BUILDING & SAFETY  
SANTA CLARITA**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Alan Wakefield*

DATE: \_\_\_\_\_

*2-19-09*

BASIC LICENSE NO. **8436**

DATE **02/19/09**

IDENTIFICATION NUMBER **135798**



Mar-09-2009 09:16am  
Feb-24-2009 11:23am

From-LACOFD FIRE MARSHAL  
From-LACOFD FIRE MARSHAL  
SANITA CLARKIA FIRE PREVENTION

3238904055  
3238904055

T-669 P.084/114 F-295  
No. 8884 P. 3  
P. 828/030 F-230

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

104

**BUSINESS LICENSE  
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 254-8268

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL

CAL DR LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS

MAILING ADDRESS: P.O. BOX 52110, IRVINE, CA 92619-2110

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

DATE:

3-4-09

BASIC LICENSE NO. 5436

DATE 02/19/09

IDENTIFICATION NUMBER 135798

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

5

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 254-8268

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS

MAILING ADDRESS: P.O. BOX 52110, IRVINE, CA 92619-2110

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR**

**LA COUNTY**

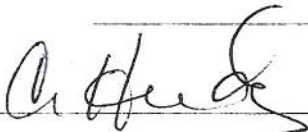
☒ APPROVAL



☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

3/24/09

BASIC LICENSE NO. 8436

DATE 02/19/09

IDENTIFICATION NUMBER 135798



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 254-8268

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS

MAILING ADDRESS: P.O. BOX 52110, IRVINE, CA 92619-2110

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: Kerry Furr

DATE: 6/11/2010

BASIC LICENSE NO. 8436

DATE 06/11/10

IDENTIFICATION NUMBER 135798



Sep. 20. 2010 8:29AM

Santa Clarita FIB

EH SPECIAL OPERATION

No. 3124 P. 1 02/02

09/03/2010 08:56 FAX 213 633 5427

LACO TAX COLLECTOR BUZ

001/001



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



70

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 254-8268

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL

CAL. DR. LIC. #:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS

MAILING ADDRESS: P.O. BOX 52110, IRVINE, CA 92619-2110

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Luisa N*

DATE: \_\_\_\_\_

*9/15/10*

BASIC LICENSE NO. 8436

DATE 09/03/10

IDENTIFICATION NUMBER 135798



09/03/2010 06:34 FAX 219 633 5427

LACO TAX COLLECTOR BUZ

001/001

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL***Branch*  
*910-01245*

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 26455 GOLDEN VALLEY RD, SANTA CLARITA, CA 91350

TELEPHONE: (661) 254-8268

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: KATHRYN POLSON

FICTITIOUS NAME: L.A. FITNESS

MAILING ADDRESS: P.O. BOX 52110, IRVINE, CA 92619-2110

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION:

*Approved*

SIGNATURE:

*[Signature]* 536470

DATE:

*9/15/10*

BASIC LICENSE NO. 8436

DATE 09/03/10

IDENTIFICATION NUMBER 135798

*919*